MASSACHUSETTS RESIDENTS

	INJURY INTENT							
	Intentional					Total	Percent	Crude
INJURY CAUSE	Uninten- tional	Self- Inflicted	Assault	Undeter- mined	Other & Legal ¹	Number	of Total	Rate per 100,000 ²
Cut/pierce	638	516	509	5	0	1,668	2.8	25.9
Drowning/submersion	28	2	0	0		30	0.1	0.5
Fall	27,141	38	7	22		27,208	45.7	421.8
Fire/burn	482	18	10	7		517	0.9	8.0
Fire/flame	184	17	4	3		208	0.3	3.2
Hot object/substance burn	298	1	6	4		309	0.5	
Firearms	33	8	330	8	5	384	0.6	6.0
Machinery	186					186	0.3	2.9
Natural/environmental	1,004	2		8		1,014	1.7	15.7
Dog bites	135	0		0		135	0.2	2.1
Other bites & stings	485	0		0		485	0.8	7.5
All other	384	2		8		394	0.7	6.1
Overexertion	1,046					1,046	1.8	16.2
Poisoning	2,554	3,277	5	648	0	6,484	10.9	100.5
Struck by, against	1,256		680		20	1,956	3.3	30.3
Suffocation/hanging	494	36	4	1		535	0.9	8.3
Transport Injuries:	5,205	14	3	3		5,225	8.8	81.0
Motor vehicle traffic-related	4,200	14	3	3		4,220	7.1	65.4
Occupant	2,759					2,759	4.6	42.8
Motorcyclist	517					517	0.9	8.0
Pedal Cyclist	129					129	0.2	2.0
Pedestrian	620					620	1.0	9.6
Other person	25					25	0.0	0.4
Unspecified person	150					150	0.3	2.3
Pedal cyclist, other	358					358	0.6	5.6
Pedestrian, other	49					49	0.1	0.8
Other transport	598					598	1.0	9.3
Other specified & classifiable	2,534	12	153	0	0	2,699	4.5	41.8
Human bites	45	0	47	0	0	92	0.2	1.4
Non-powder guns	8	1	3	0	0	12	0.0	0.2
Other specified & classifiable	2,481	11	103	0	0	2,595	4.4	40.2
Other specified, not classifiable	896	135	257	82	19	1,389	2.3	21.5
Unspecified	3,143	25	159	30	3	3,360	5.6	52.1
Adverse effects ³						2,844	4.8	44.1
Cause and Intent are not provided						3,028	5.1	46.9
TOTALS⁴	46,640	4,083	2,117	814	47	59,573	100	923.6
RATE BY INTENT/per 100,000	723.1	63.3	32.8	12.6	0.7			

Source: Massachusetts Hospital Discharge Database, MA Division of Health Care Finance and Policy.

- —Only Massachusetts residents with valid MA zip codes are included in this analysis.
- —Injury hospitalization cases transferred to another acute care facility or subsequently dying in the hospital, are excluded from this analysis.
- —Population data used to calculate rates are based on 2007 population estimates released December 27, 2007 by the US Census Bureau. Estimated 2007 Massachusetts population is 6,449,755. Rates are per 100,000 residents.
- -Data were extracted and compiled by the Injury Surveillance Program, Bureau of Health Information, Statistics, Research & Evaluation, MDPH, September, 2008.

^{*}All data sets from Health Care Finance and Policy are based on a fiscal year. The numbers provided here are based on fiscal year: October 1, 2006 - September 30, 2007 and will be different than numbers generated through the Department's query based system MassCHIP.

¹ Legal Intervention includes injuries resulting from police actions and operations of war.

² Rates are not calculated on counts of less than five. Rates that are based on counts less than twenty may be unstable.

³ Adverse Effects can be related to medical and surgical care procedures, or to the use of therapeutic substances (including allergic reactions).

⁴ Totals do not include subcategory counts. Total percentage may be less or more than 100% due to rounding, but is presented here as 100%.

[—]An injury hospitalization is defined as any case having an ICD9-CM Nature of Injury Code of 800-999 assigned to any of the ICD9 diagnosis fields [cases having the following codes are excluded if no other valid ICD9-CM code is assigned: Certain Adverse Effects (995.0-995.4, 995.6, 995.7, 995.86, 995.89), Complications of Surgical & Medical Care (996-999), and certain Late Effects (909.3,909.5)]

[—]Categories and groupings are based on a modified version of the CDC's "Recommended framework of E-code groupings for presenting injury mortality and morbidity data." This framework does not provide for intentionality for certain cause categories as indicated by gray shading.

[—]Injury subcategories are italicized.

—Data were extracted and compiled by the Injury Surveillance Program, Bureau of Health Information, Statistics, Research & Evaluation, MDPH, September, 2008.